

COMPREHENSIVE SCHOOL HEALTH  
COORDINATORS ASSOCIATION

May 13, 2009

Senator Tom George, Chair  
Senate Health Policy Committee  
P.O. Box 30036  
Lansing, MI 48909-7536

Dear Senator George:

On behalf of regional health coordinators across Michigan, I am writing in support of Senate Bills 365 and 366 which will strengthen the requirements for health education and physical education in kindergarten through grade eight. Over the past several years, we have seen a steady erosion of schools' commitment to providing quality health education and physical education. While this does not entirely explain the decline in children's health during these years, lack of health education and physical activity are two of many factors that contribute to obesity, diabetes, asthma and other serious health issues that plague our children.

While schools cannot bear the full responsibility for improving children's health, for many students, school is their only opportunity to learn lifelong health habits and be physically active. Sadly, many schools have lost sight of the fact that students who are not healthy cannot learn. By allocating instructional time to health education and physical education, schools reap the benefits of fewer discipline problems, improved attendance, and improved standardized test scores and grades.

Poor health in childhood impacts far more than school success. Unhealthy children become unhealthy adults whose health care expenses drain our already strained state budget. Unhealthy adults are less productive workers and citizens, further contributing to our state's economic demise.

SB 365 and 366 will refocus schools on the benefits of promoting a healthy citizenry to reduce health care costs and alleviate our fiscal crisis. Spending less money proactively will save millions of dollars within a few years. Fortunately, Michigan has an exemplary model health curriculum, the *Michigan Model for Health*, and physical education curriculum, *EPEC*, which are readily available to every school in the state, so the cost of implementing SB 365 will be low. We urge you to approve SB 365 and 366.

Sincerely,

Cheryl Blair, Ed.D.  
President

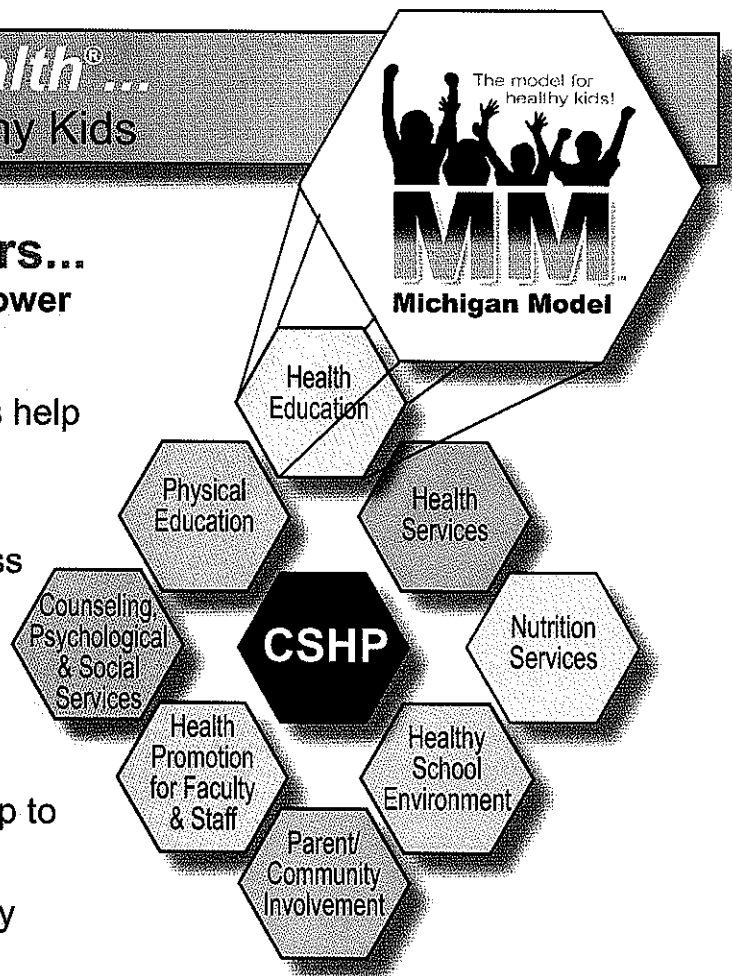
Enclosures

Cheryl Blair, President    Bev Littner-Schroeder, President Elect    Arlene Richardson, Past President  
Janie Colton, Secretary    Alex Gierhart, Treasurer

# Michigan Model for Health®... The Model for Healthy Kids

## The Michigan Model® delivers... Higher Academic Achievement and Lower Health Care Costs

- Comprehensive school health programs help students adopt healthy behaviors and attitudes, saving future medical costs.
- Students make better academic progress when they are healthy and feel safe at school.
- Students need information and support as they face health risks.
- Health education helps students grow up to be healthier, happier adults.
- Ultimate goal: Young people with healthy lifestyles.



## Efficient and Effective Statewide Infrastructure

- ❖ State base grant secures an additional \$4.5 million in federal and local **matching funds** to support programs and services promoting healthy youth and families.
- ❖ Technical assistance to help schools meet mandates in the **Michigan School Code**, such as health and physical education curriculum requirements, school safety requirements, HIV training for teachers, immunization requirements, blood-borne infectious disease trainings for staff, administration of medications guidelines, and sex education advisory council requirements.
- ❖ Technical assistance to help schools meet the **mandates** of No Child Left Behind Act 2001, Education YES!, Persistently Dangerous Schools, and the Michigan Merit Curriculum.
- ❖ Technical assistance to help schools develop their **local wellness policies** as required by federal law.
- ❖ Align efforts with current **zero-to-five** initiatives, including early childhood health education beginning in kindergarten.
- ❖ Provide high quality and rich variety of **professional development** on comprehensive school health topics.
- ❖ Provide a mechanism to **continuously update and disseminate** the *Michigan Model for Health®* curriculum so that it is medically accurate, based on research, and responsive to current health issues.

**MORE...**



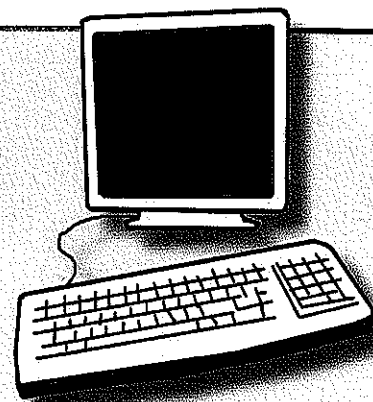
- ❖ Provide site-based assistance to schools regarding **critical health issues** that demand an immediate response by schools and communities, such as Pandemic Flu and Avian Influenza.
- ❖ Help local schools **coordinate** school health programs, including classroom instruction in health and physical education, family involvement, health services, counseling, food services, school environment, and health promotion for staff.
- ❖ Coordinate information, strategies, and systems to **avoid duplication** of services and support the delivery of **best practice models** of professional development and technical assistance in health education.

## Student and Family Services

- ◆ One and a half million students in kindergarten through grade twelve receive model health education for \$1.50 per pupil.
- ◆ 3,906 teachers from public school districts, charter academies, and non-public schools received professional development on teaching health and reducing risks, such as obesity, violence, and drug abuse; 10,352 participated in health-related workshops.
- ◆ Thousands of families learn how to help their children be healthy using the Michigan Model's Family Resource Sheets.
- ◆ 71,181 people received Medicaid enrollment information.
- ◆ Regional School Health Coordinators, at twenty-five school health coordination sites across Michigan, provide teacher trainings, research-based health curriculum, classroom resources, and technical assistance for their region.

## For More Information

- Kyle Guarrant, Supervisor, Coordinated School Health and Safety Programs, Michigan Department of Education, (517) 335-0565, [guarrantk@michigan.gov](mailto:guarrantk@michigan.gov).
- Karen Yoder, Michigan Department of Community Health, (517) 335-8908, [yoderk@michigan.gov](mailto:yoderk@michigan.gov).
- Your regional school health coordinator: Find a list of the regional school health coordinators at [www.emc.cmich.edu/michigan/how.htm](http://www.emc.cmich.edu/michigan/how.htm). Find a map of the school health regions at [www.michigan.gov/documents/State\\_Map\\_-\\_Coordinator\\_Regions\\_no\\_hyperlink\\_150785\\_7.pdf](http://www.michigan.gov/documents/State_Map_-_Coordinator_Regions_no_hyperlink_150785_7.pdf).
- The Comprehensive School Health Coordinators' Association at [www.cshca.org](http://www.cshca.org).



# Impact of Quality Health Education

## The Problem

### Health care costs and loss of productivity are costly.

"Our vision for our nation's schools is to ensure high standards of performance for every one of our children and prepare each child to succeed as a productive member of a democratic society. Educators throughout the country are striving to achieve this national priority. Yet how can every child succeed when so many reach the schoolhouse door with physical and mental health challenges that impede their ability to learn and compromise their likelihood of becoming healthy, capable adults?" (Policy Statement on School Health, Council of Chief State School Officers, 2004)

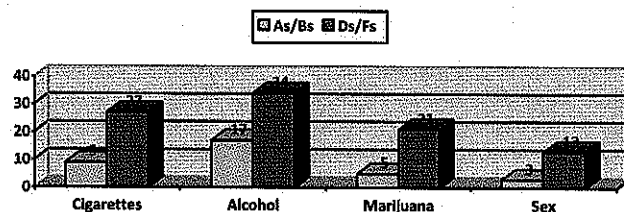
### Economic Impact

- **U.S. businesses lose more than \$1 trillion a year in productivity due to chronic illness.** (Martin, J. PhD, 2008)
- **Smoking-caused productivity losses total more than \$90 billion per year in the U.S., not including losses from smokers taking more sick days than nonsmokers.** (Centers for Disease Control, 2005)
- **Tobacco use is the leading preventable cause of death in the United States, resulting in 400,000 premature deaths and costing the nation nearly \$100 billion in health care bills each year. These expenditures include \$65 billion under state and federal health care programs such as Medicaid, amounting to hidden tax of \$575 on every American household.** (University of California, San Francisco, PLoS Medicine, 2008)
- **Sixty percent of boys categorized as bullies in grades six through nine were convicted of at least one crime by the age of 24; 40 percent of boys who were bullies had three or more convictions by the age of 24.** (Fight Crimes: Invest in Kids, 2003)

### Educational Impact

**Students who have used alcohol, tobacco, or other drugs or had sex prior to age 13 are significantly more likely to get Ds or Fs than students who have not done so.**

Grades of Students Beginning Risk Behaviors Before Age 13



Source: 2007 Michigan Youth Risk Behavior Survey, online at [http://www.michigan.gov/mde/0,1607,7-140-28753\\_38684\\_29233\\_41316---,00.html](http://www.michigan.gov/mde/0,1607,7-140-28753_38684_29233_41316---,00.html)

**Asthma is the leading cause of school absenteeism; three children in an average classroom have asthma.**

(Centers for Disease Control)

**160,000 students miss school every day due to fear of attack or intimidation by a bully.** (Grammar, K. & Vij, V., 2004)

**Students with poor nutrition and low levels of physical fitness are more likely to be absent and tardy.**

(Archives of Pediatric Adolescent Medicine, 1998)

### Public Health Impact

- **For the first time in history, we have a whole generation that has a shorter life expectancy than their parents.** (Centers for Disease Control)
- **The average child spends nearly 45 hours a week with television, movies, magazines, music, the Internet, cell phones, and video games.** They spend only 17 hours with parents and 30 hours in school. Research has found strong connections between media exposure and childhood obesity, tobacco use, and early sexual behavior. (National Institutes of Health and Yale University, 2008)
- **Only 17% of high school students reported eating 5 or more servings of fruits and vegetables each day during the previous week.** (Michigan YRBS, 2007)
- **One in three Michigan high school students was in a physical fight one or more times in the past year.** (Michigan YRBS, 2007)
- **One in five pediatric emergency room visits is asthma related.** (Centers for Disease Control)
- **Every day, 4,000 kids try their first cigarette, and another 1,000 become new, regular, daily smokers.** (2006 National Survey on Drug Use and Health, 2007)

# Impact of Quality Health Education

## The Solution

### Equip all students to be healthy and productive!

Health education teaches mental, social and emotional health; violence and bullying prevention; safety, including internet safety and child abuse prevention; nutrition and physical activity; alcohol, tobacco and other drug prevention; and disease prevention.

### Economic Impact

- For an annual investment of \$10 per Michigan citizen for prevention programs, Michigan's net savings would be \$545,400,000 in five years, or a return on investment of 5.4 to one.
- Improving health status improves educational achievement, which increases economic success. (Martin, J. PhD, 2008)

### Educational Impact

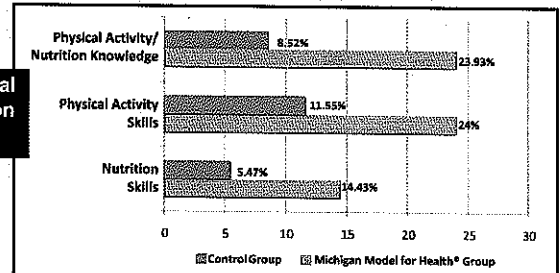
- The classroom that taught the communicable disease prevention lessons in the *Michigan Model for Health* and practiced hand-washing before lunch had the lowest absenteeism rate of the entire school. (Griffin Elementary, Grand Haven, 2002)
- The reading and math scores of third and fourth grade students who received comprehensive health education were significantly higher than those who did not receive health education. (Schoener et al., 1988)
- Teaching a student to be health literate produces a critical thinker and problem solver; a responsible, productive citizen; a self-directed learner; and an effective communicator. (Joint Committee on National Health Education Standards, 1995)
- An average student enrolled in a social and emotional learning program ranks at least 10 percentile points higher on achievements tests than students who do not participate in such programs, has better attendance and more constructive classroom behavior, likes school more, and has a better grade point average, and is less likely to be suspended or otherwise disciplined. (Shriver & Weissberg, Collaborative for Academic, Social, and Emotional Learning, 2005)
- Increased grade point average results when students attend schools with a coordinated school health program. (Hawkins et al., 1999)
- "Schools perform better when students have fewer health risks, such as drug use or poor nutrition, and more protective factors like caring relationships within schools."

(California Healthy Kids Survey, 2006)

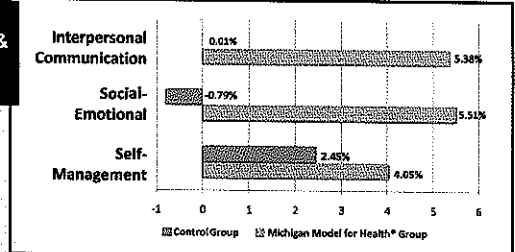
### Public Health Impact

- Fourth grade students who received the *Michigan Model for Health* lessons had enhanced physical activity and nutrition skills, better social-emotional and self-management skills, improved safety attitudes, stronger drug and tobacco refusal skills, and less alcohol and tobacco use than those who didn't. (O'Neill, 2008)

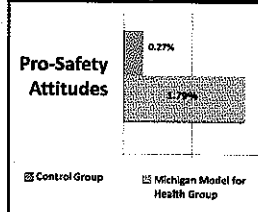
#### Enhanced Physical Activity & Nutrition Skills



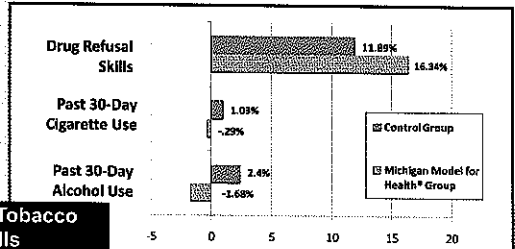
#### Better Social-Emotional & Self-Management Skills



#### Improved Pro-Safety Skills



#### Stronger Drug & Tobacco Refusal Skills



- Students who received the nutrition lessons from the middle school *Michigan Model for Health* were significantly more likely to eat fruits and vegetables and less likely to eat "junk food" than students in the control group. (Journal of School Health, 2008)
- Nearly 200,000 deaths a year could be prevented by eliminating education-associated excess mortality; only 30,000 could be prevented by medical advances. (Martin, J. PhD, 2008)
- Risk of stroke decreases by 11 percent for each additional portion of fruit and 3 percent for each additional portion of vegetables per day. (Dauchet, 2005)

